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MEMORANDUM

TO: Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations
Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Dr. Craig L. Gray
Steven Jordan *SS*

SUBJECT: Special Implementation Update #96 – 1915 (b)/(c) Medicaid Waiver Expansion Update

***UPDATE* Provider Enrollment In LME-MCO Medicaid Networks**

Medicaid recipients will be mandatorily enrolled into each LME-MCO's benefit plan based upon county of Medicaid eligibility. As a reminder, providers are required to enroll in the LME-MCO provider network to ensure that Medicaid services are authorized and that corresponding Medicaid claims are processed by the LME-MCO.

CMS requires that each LME-MCO (as they are separate at-risk entities) credential and enroll their own provider network. Providers only need to enroll in certain LME-MCO networks depending on where their practice is and what Medicaid recipients they treat.

All providers are required to complete and return their enrollment applications (see below) to the LME-MCO ninety (90) days before the LME-MCO's "go live" date to ensure that the completed application will be processed by the "go live" date of the LME-MCO.

If the provider application is received later than ninety (90) days prior the LME-MCO "go live" date, the application will be processed in the order which it is received; however, there is no assurance that it will be processed by the "go live" date. In this case, the provider must develop a plan to transition consumers in the event that the provider cannot be enrolled in the LME-MCO network by the "go live" date.

FOR SMOKY MOUNTAIN CENTER AND SANDHILLS ONLY: If the provider application is received later than forty-five (45) days prior to the LME-MCO "go live" date (July 1, 2012), the application will be processed in the order which it is received; however, there is no assurance that it will be processed by the "go

live" date. In this case, the provider must develop a plan to transition consumers in the event that the provider cannot be enrolled in the LME-MCO network by the "go live" date.

LME-MCOs will post open enrollment dates on their website. Enrollment contracts will be offered during this open enrollment period to all current Medicaid behavioral health providers who are in "good standing" **AND have billed for services within sixty (60) days prior to enrollment.** Any application received after the LME-MCO open enrollment period, will be evaluated for inclusion in the LME-MCO provider network based upon capacity and need.

Since many providers practice in several counties, we have required all LME-MCOs to use the same enrollment applications.

Standardized Enrollment Applications

Three standardized enrollment applications will be used for LME-MCO enrollment: Agency, Hospital and Licensed Independent Professional (LIP). Providers applying to multiple networks can photocopy their application and send to multiple LME-MCOs as appropriate. **But, providers are responsible for ensuring that each application has the most up-to-date information included.**

Enrollment applications for PBH, Western Highlands Network, ECBH, Sandhills, and Smoky Mountain Center can be found at:

| LME-MCO | Website |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| PBH | http://www.pbhsolutions.org/providers/newproviders/ |
| Western Highlands Network | http://www.westernhighlands.org/provider-enrollment.html |
| East Carolina Behavioral Health (ECBH) | http://www.ecbhlme.org/Page_Provider.php?id=118 |
| Sandhills | http://www.sandhillscenter.org/ProviderCredentialing.htm |
| Smoky Mountain Center | http://www.smokymountaincenter.com/providers.asp |

As other LME-MCOs develop their website and begin enrollment, they will post the enrollment applications as well.

LIP Credentialing

As noted in the last March Special Medicaid Bulletin and Implementation Update #95, LME-MCOs have been working with stakeholder groups on streamlining the enrollment process. As of this date, the following LME-MCOs will be using the Council for Affordable Quality Healthcare (CAQH) to gather credentialing data for Licensed Independent Professionals (LIP):

- CenterPoint Human Services
- CoastalCare (Southeastern Center and Onslow Carteret)
- Alliance Behavioral Healthcare (The Durham Center/Cumberland/Johnston/Wake)
- East Carolina Behavioral Health (ECBH)
- Partners Behavioral Health Management (Pathways, Crossroads and Mental Health Partners)
- PBH
- Sandhills
- Smoky Mountain Center
- Western Highlands Network

The Division of Medical Assistance (DMA) will publish updated CAQH information as other LME-MCO make decisions about working with enrollment and credentialing vendors. **The contracts between CAQH and the LME-MCOs listed above are being currently developed. Future Medicaid Bulletins will notify providers when they can begin using the CAQH on-line enrollment process.**

CAQH provides a streamlined, secure method for electronic data collection – at no cost to the provider. Providers keep total control of the data, authorizing access only to the participating LME-MCOs of their choice. Revisions made by the provider are available instantly to authorized LME-MCOs. Additional information may be found at <http://www.caqh.org/ucd.php>.

Providers will initiate the credentialing process with the LME-MCO(s) of their choice by submitting the *Credentialing Initiation Form (Initiation Form)* posted on the LME-MCO's website. The LME-MCO will share pertinent information from the *Initiation Form* with CAQH, who will contact the provider directly with instructions on how to complete the on-line application.

Outpatient Behavioral Health Services in LME-MCO Areas

The unmanaged outpatient visits for adults and children will start over for each LME-MCO. In the current Medicaid State Plan, adults may have eight (8) unmanaged outpatient visits and children may have sixteen (16) unmanaged outpatient visits each calendar year. LME-MCOs can increase the number of unmanaged visits per calendar year before prior authorization is required, but may not decrease the number of unmanaged visits. LME-MCOs are required to publish their Medicaid benefit packages on their websites. REMINDER: Physicians, Physician Assistants, and Nurse Practitioners will not need to seek prior approval for providing services to Medicaid recipients in the LME-MCOs unless they are billing behavioral health CPT codes. Further information regarding behavioral health codes, the fee schedules and Medicaid policies can be found at: <http://www.ncdhhs.gov/dma/services/behavhealth.htm>.

As a reminder, all Medicaid-enrolled providers billing for services are expected to adhere to all Medicaid and Health Choice policies and guidelines and are expected to stay informed about any changes. Medicaid Bulletins are published monthly and may include articles not found in the Implementation Updates. Medicaid Bulletins can be found at: <http://www.ncdhhs.gov/dma/bulletin/index.htm>.

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

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